

[Current Date]
Faxed and Overnight

[General Manager Name]
[Transit Agency Name]
[Title]
[Street Address]
[City, State, Zip Code]

RE: Substance Abuse Program Audit

Dear **[Name]**:

As you know, the Omnibus Transportation Employee Testing Act of 1991 mandates that the Federal Transit Administration (FTA) issued drug and alcohol testing regulations be implemented by recipients of Sections 5309, 5307, and 5311 funds, or by any recipient of Federal financial assistance under Section 103 (E) (4) of Title 23 of the United States Code. The Act provides statutory authority for FTA to require, as a condition of FTA funding, drug and alcohol testing of its grantees' safety-sensitive employees. The testing rules were published in the *Federal Register* on February 15, 1994, as 49 CFR Part 653 (the drug rule) and 49 CFR Part 654 (the alcohol rule).

In order to assess grantee compliance with the rules, FTA is conducting audits during site visits to transit systems across the country. As you know from a phone conversation a few days ago with our contractor, we have scheduled an on-site audit of your system's drug and alcohol testing program starting **[Day, Date]**. The audit is expected to be completed by the close of business on **[Day, Date]**. The audit team members will be from FTA and contractor staff.

The **Agenda** for the visit is included as Attachment A. We anticipate that the time on-site will be very productive and we will appreciate your helping us stay on schedule by making the relevant personnel available. You are encouraged to have staff related to the program to be present at any or all of the audit proceedings. This includes the entrance and exit interviews, and the questionnaire and record review activities. The audit is an open and cooperative process with many opportunities for receiving technical assistance.

It is important to note that, as the FTA grantee, you are fully responsible for the compliance of your system (including any covered contractors) with respect to the rules. Therefore, as part of the audit, the Audit Team will be reviewing the drug and alcohol programs associated with your system and your covered contractor. Our records indicate that **[Transit Agency]** has contractors who perform safety sensitive functions, as defined in the regulations. If you do not have any covered contractors you need to

immediately call and make **[auditing contractor name]** aware of this fact. The contractors which will be audited are: **[Name/names of contractors]**. This is indicated in the Agendas in Attachments A and B. **Note that FTA is particularly interested in the methodology being used by your system to guarantee that your covered contractors are in compliance with the rules.**

According to Sections 653.7 and 654.7, a contractor is defined to be a person or organization that provides a service for a recipient, sub-recipient, employer, or operator consistent with a specific understanding or arrangement. The arrangement can be a formal written contract or an informal agreement that reflects an ongoing relationship between the parties.

In order to maximize our efficiency while on-site, **please provide all of the information identified in Attachment B for your system on or before [Date, approx 2 weeks after receipt of this letter].** In addition, as the grantee you must have your designated contractors provide the specified materials listed in Attachment B on or before the same due date before **[Date, approx 2 weeks after receipt of this letter]** as your transit system. We prefer that you collect all of the information from your contractors and submit it to us in the same package with the transit system's materials. Please send one complete copy of the required materials directly to me. In addition, please send two complete copies of all of the required materials to the Program Director leading our Contractor Audit Team:

[Name]
[Title]
[Company Name]
[Street Address]
[City, State, Zip Code]
[Telephone]

In order to save time for you and your staff, the materials listed in Attachment B will be reviewed by the audit team prior to its arrival.

While **on-site** at your facilities, please provide us with the following items to facilitate the audit process. Please note that these items must also be provided for the contractors we have chosen to audit.

1. A visitor pass for each member of the team to allow us to move throughout your facilities. If you choose to provide an escort to help us find our way, that would be appreciated;
2. A lockable office with workspace and power outlets sufficient to support our team.
3. Access to a photocopy machine.

4. An opportunity to talk extensively (in person, or by phone if not located locally) with the medical review officer(s), the substance abuse professional(s), any third party contractor that may be responsible for administering your program, the breath alcohol technician(s), the saliva test technician(s), the urine specimen collectors, and representatives at the collection sites. Sample collection activities will also be completed. Please note that if you or your contractors are using the services of a national firm to fulfill a role such as a Medical Review Officer, we will need the name and telephone number of the specific individual assigned to your system(s) and contractor(s). We will not need the name of the owner of the service unless he or she is the actual professional who consistently provides these services.
5. Documentation that employees testing positive were removed from safety-sensitive functions.
6. Blind testing documentation.
7. Completed chain of custody forms for pre-employment, random, post accident, reasonable suspicion, return-to-duty, and follow-up tests.
8. Results of pre-employment, random, post accident, reasonable suspicion, return-to-duty, and follow-up tests.
9. The dates when the operating locations were notified as to who had been selected for random tests.
10. The dates and times employees were notified to go for a random test.
11. Employee grievances pertaining to FTA-mandated alcohol and drug testing.

For the **[Transit Agency]** and its covered contractors, we will also need access while **on-site** to all documents required to be maintained by the rules including individual test results. A checklist of the required information is provided as Attachment C. **If any of the records or information described above and in Attachment C are stored off-site, or maintained by a consortium or third party administrator, please retrieve them and have them available for our review at your facility.**

We also require access to the following items **at the facility of your vendor**:

1. certification of the required credentials of the Substance Abuse Professional and MRO (if local);
2. Quality Assurance Program (QAP) with the National Highway Traffic Safety Administration (NHTSA) approval letter for the EBT equipment (and location of these records);
3. EBT maintenance records and service person certification (and location of these records); and
4. state or local certification of law enforcement officer as BAT (if appropriate).

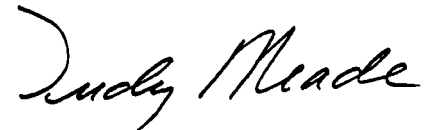
As shown in the schedule, an exit interview will be conducted on the last day of the visit, during which the audit team will present its findings to the system. It is up to your discretion as to who from your system you will want to be present during all or part

of this interview. You may choose to invite any contractors and vendors being audited to the interview so that the information is immediately transferred.

At the end of the exit interview you will be presented with a written final report. It will also be transmitted on computer diskette. Your system will be provided a period of 90 days to resolve any identified deficiencies associated with its drug and alcohol testing program and/or that of its contractors. This period will start as of the date of the exit interview. Please enter your responses on the computer diskettes and return them along with two hard copies to FTA and [Contractor Name].

Your cooperation on this very important activity is greatly appreciated and we look forward to working with you.

Sincerely,

A handwritten signature in black ink that reads "Judy Meade". The signature is fluid and cursive, with the first name "Judy" and last name "Meade" clearly distinguishable.

Judy Z. Meade
Director, Office of Safety
and Security

cc: Mr. Mark Snider, FTA,
Mr. James Harrison, FTA National Transportation Systems Center
[FTA Regional Administrator Name, Region Number]
[Audit Contractor Program Manager Name]
[Audit Team Leader Name]
Files

[filename]

Attachment A

Visit Agenda:
[Transit Agency]
[Audit Dates]

DAY 1 [Transit Agency Name] [Transit Agency Location]		
Time	Activity	Team
1:00 PM	Arrive On-Site [Transit Agency Name]	Entire Audit Team: FTA REP, AUDITOR #1, AUDITOR#2, AUDITOR#3, AUDITOR#4, AUDITOR#5
1:00 – 2:00 PM	Introduction to audit process	FTA REP to deliver script while others are present
2:00 – 4:00 PM	Administer [Transit Agency Name] DAPM Questionnaire.	AUDITOR#2, AUDITOR #1
2:00-5:00 PM	Records Review: Pull and review random, accident, post-accident, and pre-employment records	AUDITOR#3, AUDITOR#5
2:00-5:00 PM	Visit primary Collection Site For [Transit Agency Name].	FTA REP, AUDITOR#4

FTA REP
AUDITOR #1
AUDITOR#2
AUDITOR#3
AUDITOR#4
AUDITOR#5

FTA Rep Name
Auditor Name
Auditor Name
Auditor Name
Auditor Name
Auditor Name

Visit Agenda:
[Transit Agency Name]
[Audit Dates]

DAY 2 [TRANSIT AGENCY NAME] [Audit Dates]		
Time	Activity	Team
8:00 AM	Arrive On-Site at [TRANSIT AGENCY NAME]	Entire Audit Team: FTA REP, AUDITOR #1, AUDITOR#2, AUDITOR#3, AUDITOR#4, AUDITOR#5
8:00-NOON	Records Review: Pull and review random, accident, post-accident, and pre-employment records	AUDITOR#3 , AUDITOR#5, AUDITOR#4, FTA REP
10:00-11:00	Administer [TRANSIT AGENCY NAME] MRO Questionnaire	AUDITOR#2, AUDITOR #1
11:00-12:00	Administer [TRANSIT AGENCY NAME] Substance Abuse Professional Questionnaire	AUDITOR#2, AUDITOR #1
12:00-1:00 PM	Lunch	Audit Team
1:00-5:00 PM	Records review	AUDITOR#2, AUDITOR#3, AUDITOR #1, AUDITOR#5,
1:00-3:30	Administer Records Management Questionnaire	AUDITOR#4, AUDITOR#3

FTA Rep	FTA Rep Name
AUDITOR #1	Auditor Name
AUDITOR#2	Auditor Name
AUDITOR#3	Auditor Name
AUDITOR #4	Auditor Name
AUDITOR#5	Auditor Name

Attachment A (Continued)

Visit Agenda:
[TRANSIT AGENCY NAME]
[Audit Dates]

DAY 3 [TRANSIT AGENCY NAME] [City, State]		
Time	Activity	Team
8:30 AM	Arrive On-Site [Contractor]	FTA REP, AUDITOR #1, AUDITOR#3,
8:30-Noon	Records Review: Pull and review random, accident, post-accident, reasonable suspicion, return-to-duty, follow-up and pre-employment records	FTA REP, AUDITOR #1, AUDITOR#3
8:30-10:30	Administer Contractor DAPM Questionnaire.	AUDITOR #1
10:30-11:00	Administer Contractor Medical Review Officer Questionnaire	AUDITOR #1
11:15-NOON	Administer Contractor Substance Abuse Professional Questionnaire	AUDITOR #1
12:00-1:00 PM	Lunch	Audit Team
1:00-5:00 PM	Finish records review and administer Records Mgt. Questionnaire	AUDITOR#3
1:00-3:00	Visit primary Collection Site For Contractor.	FTA REP, AUDITOR #1
3:00-5:00	Record Review	FTA REP, AUDITOR #1

FTA REP
AUDITOR #1
AUDITOR#2
AUDITOR#3
AUDITOR#4
AUDITOR#5

FTA Rep Name
Auditor Name
Auditor Name
Auditor Name
Auditor Name
Auditor Name

Attachment A (Continued)

Visit Agenda:
[Transit Agency Name]
[Audit Dates]

DAY 3 [Transit Agency Name] [City, State]		
Time	Activity	Team
8:30 AM	Arrive On-Site [Contractor Name]	AUDITOR#2, AUDITOR#4, AUDITOR#5
8:30-Noon	Records Review: Pull and review random, accident, post-accident, reasonable suspicion, return-to-duty, follow-up and pre-employment records	AUDITOR#4, AUDITOR#5
8:30-10:30	Administer Contractor DAPM Questionnaire.	AUDITOR#2
10:30-11:00	Administer Contractor Medical Review Officer Questionnaire	AUDITOR#2
11:15-NOON	Administer Contractor Substance Abuse Professional Questionnaire	AUDITOR #2
12:00-1:00 PM	Lunch	Audit Team
1:00-5:00 PM	Finish records review and administer Records Mgt. Questionnaire	AUDITOR#2
1:00-3:00	Visit primary Collection Site For Contractor.	AUDITOR#4, AUDITOR#5
3:00-5:00	Record Review	AUDITOR#4, AUDITOR#5

FTA REP
AUDITOR #1
AUDITOR#2
AUDITOR#3
AUDITOR#4
AUDITOR#5

FTA Rep Name
Auditor Name
Auditor Name
Auditor Name
Auditor Name
Auditor Name

Attachment A (Continued)

Visit Agenda:
[Transit Agency Name]
[Audit Dates]

DAY 4 [Transit Agency Name] [City, State]		
Time	Activity	Team Members
8:00-5:00 PM	Finish Records Review	As Needed
8:00-5:00 PM	Finalize Audit Report	Entire Audit Team: FTA REP, AUDITOR #1, AUDITOR#2, AUDITOR #3 AUDITOR#4, AUDITOR#5

FTA REP	FTA Rep Name
AUDITOR #1	Auditor Name
AUDITOR#2	Auditor Name
AUDITOR#3	Auditor Name
AUDITOR#4	Auditor Name
AUDITOR#5	Auditor Name

Attachment A (Concluded)

Visit Agenda:
[Transit Agency Name]
[Audit Dates]

DAY 5 [TRANSIT AGENCY NAME] [CITY, STATE]		
Time	Activity	Team Members
10:00-11:30 AM	Exit Interview, Report, Discussion	Entire Audit Team: FTA REP, AUDITOR #1, AUDITOR#2, AUDITOR#3, AUDITOR #4, AUDITOR#5
11:30 AM	Depart	

FTA REP	FTA Rep Name
AUDITOR #1	Auditor Name
AUDITOR#2	Auditor Name
AUDITOR#3	Auditor Name
AUDITOR#4	Auditor Name
AUDITOR#5	Auditor Name

ATTACHMENT B

INFORMATION THAT MUST BE RECEIVED BY AUDIT TEAM ON OR BEFORE FRIDAY [Date]

The following information is required to be submitted for the [TRANSIT AGENCY NAME] and their Paratransit Service, and two of its covered contractors.

- ☐ Submit the name, address, and phone number of the contact person for the visit.
- ☐ Submit directions on how to get to the location of the main [TRANSIT AGENCY NAME] facility from the nearest interstate or primary roadway.
- ☐ Submit the address of each operating terminal and directions on how to get to each of them from the main [TRANSIT AGENCY NAME] facility.
- ☐ Submit an organization chart for [TRANSIT AGENCY NAME].
- ☐ Submit a complete copy of the current Drug and Alcohol Policy Statement, Procedures Manual, and Notice of Availability to employees.
- ☐ Submit the current number of covered employees by safety-sensitive function.
- ☐ Submit a list of all new hires with hire date or date person began performing safety sensitive functions (if different from the hire date) for [year]. Include all employees hired and subsequently terminated during [year].
- ☐ Submit information on how often the list of employees (from which employees are selected for random tests) is updated.
- ☐ Submit a list of all employees who were selected to be randomly tested in [year].
- ☐ Submit a list of all accidents as defined by FTA rules that triggered a post accident drug and alcohol test during [year]. Must include date and time of the accident.
- ☐ Submit a copy of the [year] MIS form for your agency and those of your contractors.
- ☐ Submit a description of the methods used for drug and alcohol records management.

Attachment B (Continued)

- ☐ Identify the storage locations of the accident records and all drug and alcohol test records and test results.
- ☐ Submit a description of the random selection protocol/methodology. This requires documentation of the scientific validation of the selection process; the method of notification; the security of the information; the distribution of information to the operations locations; the chain of command for distribution of the notices to individuals for tests. Include everything necessary for the auditors to determine whether the system is in compliance on this issue.
- ☐ Submit the names, addresses, and phone numbers of the professional resources (vendors) used by your system that we will be interviewing [e.g., the medical review officer(s), the testing laboratory(ies), the substance abuse professional(s), the breath alcohol technician(s), the saliva test technician(s), the collection sites, and any consortium used]. Also indicate whether the interviews with the MRO and SAP will be phone interviews or in-person interviews.
- ☐ Submit the addresses of test collection site location(s), directions on how to get to them from the main facility, and an estimate of travel time from the main facility.
- ☐ Submit name, address, and phone number of primary contact at each test collection site.
- ☐ Complete descriptions of arbitration/litigation decisions adversely impacting implementation of the drug and alcohol rules and/or program (e.g., an arbitration that resulted in the overturning of a verified positive test).
- ☐ Methodology used to oversee and monitor contractors' compliance with the rules.

Please fill out the forms on Pages 13-18 with respect to the location and the contact person(s) and submit them with all of the other required information.

Attachment B

Visit Agenda:
[TRANSIT AGENCY NAME]
[Audit Dates]

DAY 1 [TRANSIT AGENCY NAME] [City, State]				
Time	Activity	Team	Address Of Facility	Contact Name and Phone Number
1:00 PM	Arrive On-Site [TRANSIT AGENCY NAME]	Entire Audit Team: FTA REP, AUDITOR #1, AUDITOR#2, AUDITOR#3, AUDITOR#4, AUDITOR#5		
1:00 – 2:00 PM	Introduction to audit process	FTA REP to deliver script while others are present		
2:00 – 4:00 PM	Administer [TRANSIT AGENCY NAME] DAPM Questionnaire.	AUDITOR#2, AUDITOR #1		
2:00-5:00 PM	Records Review: Pull and review random, accident, post-accident, and pre-employment records	AUDITOR#3, AUDITOR#5		
2:00-5:00 PM	Visit primary Collection Site For [TRANSIT AGENCY NAME].	FTA REP, AUDITOR#4		

FTA REP
AUDITOR #1
AUDITOR#2
AUDITOR#3
AUDITOR#4

FTA Rep Name
Auditor Name
Auditor Name
Auditor Name
Auditor Name

AUDITOR#5 Auditor Name

Visit Agenda:
[TRANSIT AGENCY NAME]
[Audit Dates]

DAY 2 [TRANSIT AGENCY NAME] [Audit Dates]				
Time	Activity	Team	Address Of Facility	Contact Name and Phone Number
8:00 AM	Arrive On-Site at [TRANSIT AGENCY NAME]	Entire Audit Team: FTA REP, AUDITOR #1, AUDITOR#2, AUDITOR#3, AUDITOR#4, AUDITOR#5		
8:00-NOON	Records Review: Pull and review random, accident, post-accident, and pre-employment records	AUDITOR#3, AUDITOR#5, AUDITOR#4, FTA REP		
10:00-11:00	Administer [TRANSIT AGENCY NAME] MRO Questionnaire	AUDITOR#2, AUDITOR #1		
11:00-12:00	Administer [TRANSIT AGENCY NAME] Substance Abuse Professional Questionnaire	AUDITOR#2, AUDITOR #1		
12:00-1:00 PM	Lunch	Audit Team		
1:00-5:00 PM	Records review	AUDITOR#2, AUDITOR#3, AUDITOR #1, AUDITOR#5,		
1:00-3:30	Administer Records Management Questionnaire	AUDITOR#4, AUDITOR#3		

FTA REP	FTA Rep Name
AUDITOR #1	Auditor Name
AUDITOR#2	Auditor Name
AUDITOR#3	Auditor Name
AUDITOR #4	Auditor Name
AUDITOR#5	Auditor Name

Attachment B (Continued)

Visit Agenda:
[TRANSIT AGENCY NAME]
[Audit Dates]

DAY 3 [TRANSIT AGENCY NAME] [City, State]				
Time	Activity	Team	Address Of Facility	Contact Name and Phone Number
8:30 AM	Arrive On-Site [Contractor Name]	FTA REP, AUDITOR #1, AUDITOR#3,		
8:30-Noon	Records Review: Pull and review random, accident, post-accident, reasonable suspicion, return-to-duty, follow-up and pre-employment records	FTA REP, AUDITOR #1, AUDITOR#3		
8:30-10:30	Administer Contractor DAPM Questionnaire.	AUDITOR #1		
10:30-11:00	Administer Contractor Medical Review Officer Questionnaire	AUDITOR #1		
11:15-NOON	Administer Contractor Substance Abuse Professional Questionnaire	AUDITOR #1		
12:00-1:00 PM	Lunch	Audit Team		
1:00-5:00 PM	Finish records review and administer Records Mgt. Questionnaire	AUDITOR#3		
1:00-3:00	Visit primary Collection Site For Contractor.	FTA REP, AUDITOR #1		
3:00-5:00	Record Review	FTA REP, AUDITOR #1		

Attachment B (Continued)

Visit Agenda:
[TRANSIT AGENCY NAME]
[Audit Dates]

DAY 3 [TRANSIT AGENCY NAME] [City, State]				
Time	Activity	Team	Address Of Facility	Contact Name and Phone Number
8:30 AM	Arrive On-Site [Contractor Name]	AUDITOR#2, AUDITOR#4, AUDITOR#5		
8:30-Noon	Records Review: Pull and review random, accident, post-accident, reasonable suspicion, return-to-duty, follow-up and pre-employment records	AUDITOR#4, AUDITOR#5		
8:30-10:30	Administer Contractor DAPM Questionnaire.	AUDITOR#2		
10:30-11:00	Administer Contractor Medical Review Officer Questionnaire	AUDITOR#2		
11:15-NOON	Administer Contractor Substance Abuse Professional Questionnaire	AUDITOR #2		
12:00-1:00 PM	Lunch	Audit Team		
1:00-5:00 PM	Finish records review and administer Records Mgt. Questionnaire	AUDITOR#2		
1:00-3:00	Visit primary Collection Site For Contractor.	AUDITOR#4, AUDITOR#5		

3:00-5:00	Record Review	AUDITOR#4, AUDITOR#5		
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Attachment B (Continued)

Visit Agenda:
[TRANSIT AGENCY NAME]
[Audit Dates]

DAY 4 [TRANSIT AGENCY NAME] [City, State]				
Time	Activity	Team Members	Address Of Facility	Contact Name and Phone Number
		As Needed Entire Audit Team: AUDITOR #1, AUDITOR#2, AUDITOR#3, AUDITOR#5		
8:00-5:00 PM	Finish Records Review			
8:00-5:00 PM	Finalize Audit Report			

FTA REP	FTA Rep Name
AUDITOR #1	Auditor Name
AUDITOR#2	Auditor Name
AUDITOR#3	Auditor Name
AUDITOR#4	Auditor Name
AUDITOR#5	Auditor Name

Attachment B (Concluded)

Visit Agenda:
[TRANSIT AGENCY NAME]
[Audit Dates]

DAY 5 [TRANSIT AGENCY NAME] [CITY, STATE]				
Time	Activity	Team Members	Address Of Facility	Contact Name and Phone Number
10:00-11:30 AM	Exit Interview, Report, Discussion	Entire Audit Team: AUDITOR #1, AUDITOR#2, AUDITOR#3, AUDITOR#5		
11:30 AM	Depart			

FTA REP
AUDITOR #1
AUDITOR#2
AUDITOR#3
AUDITOR#4
AUDITOR#5

FTA Rep Name
Auditor Name
Auditor Name
Auditor Name
Auditor Name
Auditor Name

ATTACHMENT C

Alcohol Program Records	Drug Program Records
<p style="text-align: center;">Alcohol program records you must retain for 1 Year</p> <p>Records of test results less than 0.02.</p> <ul style="list-style-type: none"> —Employers' copy of the alcohol test form, including results of the test 	<p style="text-align: center;">Drug program records you must retain for 1 Year</p> <p>Records of verified negative drug test results.</p> <ul style="list-style-type: none"> —Employer's copy of custody and control form.
<p style="text-align: center;">Alcohol program records you must retain for 2 Years</p> <p>1. Records related to the collection process except calibration of evidentiary Breath Testing devices.</p> <ul style="list-style-type: none"> —Collection logbooks, if used. —Documents relating to the random selection process. —Verification of Breath Alcohol Technician training. —Documents generated in connection with decisions to administer reasonable suspicion alcohol tests. —Documents generated in connection with decisions on post-accident alcohol tests. —Documents showing existence of medical explanation of inability of safety-sensitive employee to provide enough breath for test. <p>2. Education and training records.</p> <ul style="list-style-type: none"> —Materials on alcohol abuse awareness, including a copy of the employer's policy on alcohol abuse. —Documentation of compliance with 49 CFR 654.71 concerning development and dissemination of the employer's policy. —Educational materials that explain the regulatory requirements. —The employer's policy and procedures with respect to implementing the regulatory 	<p style="text-align: center;">Drug program records you must retain for 2 Years</p> <p>1. Records relating to the collection process.</p> <ul style="list-style-type: none"> —Collection logbooks, if used. —Documents relating to the random selection process. —Documents generated in connection with decisions to administer reasonable suspicion alcohol tests. —Documents generated in connection with decisions on post-accident alcohol tests. —MRO documents showing existence of medical explanation of inability of safety-sensitive employee to provide enough urine. <p>2. Education and training records.</p> <ul style="list-style-type: none"> —Training materials on drug abuse awareness, including a copy of the employer's policy on prohibited drug use. —Names of safety-sensitive employees attending training on prohibited drug use and dates and times of such training. —Documentation of training provided to supervisors to qualify them to make reasonable suspicion

ATTACHMENT C

Alcohol Program Records	Drug Program Records
<p>requirements.</p> <ul style="list-style-type: none">—Written notice to every safety-sensitive employee of the availability of the above materials.—Written notice to all safety-sensitive employee organizations (i.e. collective bargaining units) of the availability of the above materials.	<p>determinations.</p> <ul style="list-style-type: none">—Certification that this training complies with the regulatory requirements.—Procedures to assess those with verified positive tests, providing available services, referral, suspension, and dismissal.

ATTACHMENT C

Alcohol Program Records	Drug Program Records
<p style="text-align: center;">Alcohol program records you must retain for 5 years</p> <ol style="list-style-type: none"> 1. Alcohol test records with alcohol readings of 0.02 or greater. <ul style="list-style-type: none"> —The employer's copy of the alcohol test form, including the results of the test. —Documents related to the refusal of any safety-sensitive employee to submit to an alcohol test required by 49 CFR 654. —Documents presented by a covered employee to dispute the results of an alcohol test administered under 49 CFR 654. 2. Calibration documentation. <ul style="list-style-type: none"> —Documents specifying the machine calibrated (e.g. by serial number), the date of calibration, the certified technician calibrating the equipment, and the results of the calibration. Signed by calibrating technician. —Manufacturer's calibration schedule for the model of equipment used. —Certification record for the calibrating technician. 3. Employee evaluation and referrals. <ul style="list-style-type: none"> —Records pertaining to a determination by a substance abuse professional concerning a safety-sensitive employee's need for assistance. —Records concerning a safety-sensitive employee's compliance with the recommendations of the substance abuse professional. 4. Annual MIS reports. 	<p style="text-align: center;">Drug program records you must retain for 5 years</p> <ol style="list-style-type: none"> 1. Records of covered employee verified positive drug test results. <ul style="list-style-type: none"> —Employer's copy of the chain-of-custody form. —Documents relating to the refusal of any safety-sensitive employee to submit to a drug test required by 49 CFR 653. —Documents presented by a covered employee to dispute the results of a drug test administered under 49 CFR 653. 2. Covered employee referrals to substance abuse professional and return-to-duty and follow-up. <ul style="list-style-type: none"> —Records pertaining to a determination by a substance abuse professional concerning a safety-sensitive employee's suitability to return to work as a safety-sensitive employee. —Records concerning a safety-sensitive employee's entry into and completion of the program of rehabilitation recommended by the substance abuse professional. 3. Annual MIS reports.